SECRETARY OF THE SENATE

STATEMENT OF ORGANIZATION

08 SEP 29 AM 10: 19

FORM 1	ONGANIZATION				ļ	Office Use Onl	
NAME OF COMMITTEE (in	n full)	(Check if is change		Example:If typing, typ	pe 12FE4	the state of the state of	
CO24/1			NA	TOR			
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ADDRESS (number a	and street)					 	
(Check if a is changed		BANG	OR		ME	04402	1096
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COMMITTEE'S FAX	NUMBER 9	5					
2. DATE	9 32	2008	5]				
3. FEC IDENTIFIC	CATION NUM	BER	C 0.0	03 145.75			
4. IS THIS STATE	MENT [NEW (N)	OR	X AMENDED	(A)		
I certify that I have	examined this	Statement and t	o the best o	of my knowledge and be	elief it is true, cor	rect and complete	
Type or Print Name	of Treasurer	Anny	<u>A.</u>	Abbott,	Deputy	Treasu	rer
Signature of Treasure	er	lly	f. A	solt	_ Date (79103	2008
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only				For further informa Federal Election Co Toll Free 800-424-90 Local 202-694-1100	mmission 530	FEC F	